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TRI-CITY HEA	LTH CENTER	A	DU.		PROGRESS NO	<u>IE</u>	
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To Be Completed by Medical Assist	ant:		. .	T.p b	a Completed by Provider:		
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IYSICAL EXAM (NL-Norma	ABNL=Abnormal; NE=Nat exam	ined)	(Circle	L, R	Bilateral, Both etc. to iden tify area of	abuormality)	
	(Comments)		ABNI		. · .	(Co	mments)
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FOLLOW UP/REFERRALS

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١	AN POS MED LAT		}	NEUROLOGY
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	HAND FINGERS BOTH			Numbness. Tingling ::
-	D*··· T ROM' SP. SW	* .		Other: 4
	: ANTAPOS MED LAT ;			REFLEXES
	FINGER(S) # 12 .3 .4 .1.5 :	· •	[· ·] · · · · [Comeal Biceps Triceps
l. I	D. C. ROM SP SW		┠┈┋ ┪	SCIN
	!L :R Bilateral !		ļ. J - J	Klishes Ulcerations Abrasions
	AN POS MED-LAT			Lacerations Segring Pigmentation Fittir Mails
	Upper Lower Both (Cont. col.?)		1	MENTAL HEALTH
	Upper Lower Both (Cont. col.3)		• •	Behavior Oriented
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In House O	Prdery: Nebulizer Treatment ;Re	cal Treatment ; EK	.d: <u> </u>	; tZ (type(s) ;Putient Refusus tZ
Meds(Type)		; Other (Type)	والمستعدد والمراجع والمستعدد	
Outside Lai	bs Ordered: Yes No Type(s)	*	·	
	WULTRASOUND ORDERED: Yes		•	
(NOTE:List	all-new meds and medication refills on the	No · Type(x) yellow MEDIC:\TION LO	G SHEET)NO	on Mads Listed Yes No. Meds Rafilled Yes No

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TRI-CITY HEALT	H CENTER	A	DUI	T PROGRESS NOTE	
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нт 6 "0" ит 189 т 97.	5 P 77 R /	7	E	ducation on Tobacco use given Yes No	1 11 21
1/21/7	<u> </u>	,,,,,,	W	eight_Normal_Over_Under	0000 (*) (*) (*)
BP: R - / L/OZ / / S LMP (3-3) G P TAB	SAB Living		10	fo. given on nutrition diet and exercise Yes No	1 7 %
BS (all diabetics) HgbA1C		_		p Due Yes No	10
UPT Pos Neg HCT/Hgb Smoker Ves No 1-20 Pks/day; Tobacco	Use Yes No		CF	ammogram Due Yes No N/A PB Due Yes No. N/A	Z Z
Smokers in house Yes No	,		BS	B Taught Yes No) A K
	YesNo umococcal			ostate/Testîcular Exam Due Yes No A ordered Yes No N/A	" to
Date of Last:Pap() Mammo: (7)			Tes	sticular self exam taught Yes No	O D O M
Allergies WEDA MA Signature	(NO)			munizations up to dateYesNo dical History ReviewedYesNo	00000
History of Present Illness:	1.00	,	INIC	alical History Reviewed 1 to 10	T 22.2-
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2) Death in family - a	unt-like 2 no	mo	ther	- Denver - flying in souly for	ay jomerous.
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PHYSICAL EXAM (NL=Normal;ABNL=	-Abnormal; NE:-Not exam	ined)	(Circle L,	R Bilateral, Both etc. to identify area of abnormalit	לעל
ilabrine	(Comments)	TNL	ABNL	NE C	Comments)
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Old New	fro sorry			·L R Lobe: .	
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Canals: L. R. Both	7			Venous	
TM"s: L R Both	pepakote - prn: 200 if mind rain	-		Varicosity's Venous Stasis Ulcers	
Mucosa		十		ABDOMEN	
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NECK	-	1		Masses	* • *
Cervical Lymph nodes	·	T		Discharge D.	
L R Bilateral	1	+		Inguinal Nodes L R Both	
I R Bilateral	' -	+		CVA Tenderness I R Roth	

Tope Hemorpholes Creating Direct Remorpholes Direct	,,,			mity; T=Tenderness; ROM=Range Of M				ABNI	NE CLEG CONTIN	TUED)	1
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R R Blateral			سينسا			-					
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Ouse Orders: Nebulizer Treatment ; Repeat Treatment ; EKG; ; IZ (type(s) ; Patient Refuses IZ [Type] ; Other (Type)							$\sqrt{}$	jun	u kronj		
Ouse Orders: Nebulizer Treatment ; Repeat Treatment ; EKG; ; IZ (type(s) ; Patient Refuses IZ [Type] ; Other (Type)								,	- /		
Type) ;Other (Type) ;Other (Type) ;Patient Refuses IZ			÷			*********	P	1.1.	fr.		الرسس تسفها والودفاق والدفاة
ouse Orders: Nebulizer Treatment ; Repeat Treatment ; EKG; ; IZ (type(s) ; Patient Refuses IZ [Type] ; Other (Type) Ide Labs Ordered: Yes_No Type(s)									Ati		
ouse Orders: Nebulizer Treatment ; Repeat Treatment ; EKG; ; IZ (type(s) ; Patient Refuses IZ [Type] ; Other (Type) Ide Labs Ordered: Yes_No Type(s)					• • .	. **			111		
ouse Orders: Nebulizer Treatment ; Repeat Treatment ; EKG; ; IZ (type(s) ; Patient Refuses IZ [Type] ; Other (Type) Ide Labs Ordered: Yes_No Type(s)						?			V M	•	
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Type); Other (Type); Other (Type); Patient Refuses IZ; Patient Refuses IZ; Other (Type); Oth					*,				1 28 WW	*	
Type); Other (Type); Other (Type); Patient Refuses IZ; Other (Type); Oth					·				/ ~~~		
Type) ; Other (Type) de Labs Ordered: Yes_No Type(s)				•					*		() Continued on Progress N
de Labs Ordered:YesNo Type(s)		e Orde	51.2.2	Nebulizer Treatment ;Repear	Treatment	; EKG;			; IZ (type(s)	;Patier	i Refuses IZ
ide Labs Ordered: Yes No Type(s)	оиз				; Other	(Туре)		د بار بر در بر در		<u></u>	·
		0e)									
OLOGY/ULTRASOUND ORDERED: Yes No Type(s)	Ту)rda	ed: Yes No Type(s)	• •						

=	TRI	-CITY HEAL	TH CENTĖI	<i>P.</i>	DU	JL.	T PROGRESS NOT	$E \mid \frac{1}{2}$
Tob	e Cons	pleted by Medical Assistant:			·	To	be Completed by Provider:	
BP: LMP BS (I UPT Smoll Smoll Adva Appro Date Allerg MA	R Pos ker Vikers in unce He ox. Dat of Last: gies Signatu	WT 182.7 T C(8.4 L 122.18 & P TA etics) HgbA1C Neg HCT/Hgb es) No ²⁻³ Pks/dsy. Tobacc House Yes No alth Care Directive Given te Last: Tetanus 475.249 Pn Pap Mammo: NEA A TREE TO LO A M C	B SAB Living O Use Yes No Yes No eumococcal Staying Healthy Asses.	47		Edu We Info Pap Mar CPE BSE Pros PSA Test Imm	ication on Tobacco use given Yes ight Normal Over Under given on nutrition diet and exercise Yes No Due Yes No N/A Due Yes No N/A Due Yes No N/A Taught Yes No N/A Taught Yes No N/A Ordered Yes No N/A Ordered Yes No N/A No ordered Yes No N/A No N/A Its light Yes No N/A No ordered Yes No N/A N/A No N/A	_No
Histo	ory of	Present Illness:						5 7
1.1	WK	No parcotiesia	e pain	C	W-1	Med	o. Zoloft 150 mg (for the last	lyr -
in	7 2	ntine Rt hand lely tender ++ c lateral epicondyle	nues medial			•	* *	• • • •
0:	star	lateral epicondyle	s (Rt) elbow				() History continued on other side · ()See Patient History Form
				nine	d)(Circ	ie L, I	R Bilateral, Both etc. to identify area of abno	rmality)
NL AE	BUL N		(Comments)	1	ILABI	NL N		(Comments)
		HEAD: Tenderness	and (Rt)	÷	+	+	BREATHING Shallow Labored Retractions	A: Tendonitis
		Deformities	Subaenmal	Ė		工	LUNG SOUNDS	JA: Tenacom
		Evidence of trauma Old New	ten derress.				Crackles Wheezes Rhonchi	(Rt) Elbow
-		SINUSES	(aucouster)	1	+-	+	L R Lobe: Upper Lower Middle	2 (By shoulder
		Maxillary L R Both		10	4	士	EXPANSION	
		Frontal L R Both	deficit in	L	4.		CHEST WALE Tendemess Scars Deformities	
\dashv		Pupils L R Both	limbs	-	+	+	HEART	P. Alternating
		Fundi L R Both				士	Rate Rhythm	
		Comea L. R Both	Negalive		1		Murmurs Gallop PMI	heal & Cold
		Lids L K Both Extra Ocular Muscles	phalens	-	-	+	VASCULAR Jugular Vein Distension	packs to
	.	L R Bilateral	11	\vdash	+-	+	Aterial pulses:	
		EARS .	& Tinels				Carond Radial Pop PT DP	Rt elbow.
4		Canals: L R Both TM"s: L R Both	at wrise		 	1	Venous Varicosity's	
	-	NOSE L K Bodi		-	-	+-	Yenous Stasis Ulcers	les Sur my
		Mucosa	Neck: Full	-	1	Ť	ABDOMEN	115 cg/mg
		Polyps	& Tinels at whise Neck: Full homt	F		1	Dullness Tension Fluid Wave	18 cp of the 800 mgs 19 80 # 40 × 1 Refil
	-	Discharge Septum		<u> </u>	 	 	Tenderness Epigastric Suprapubic	
 	+	ORAL CAVITY		<u> </u>	 	+	. RUQ LUQ RLQ LLQ	Tennis Elbow
		Mucosa	•			上	Guarding Rebound	1ennis
		Gurns Teeth					LIVER	pana
+	+	Tongue				1-	Enlarged Tender SPLEEN	Band. The is no better
		OROPHARYNX	:			1	Enlarged l'ender	P MILES
		Tonsils	**			匚	UROGENITAL	1 (7-
 	 ,	Uvula VECK				 	Lesions Masses	
+	+ +	Cervical Lymph nodes				-	Discharge	1
		L R Bilateral	į				Inguinal Nodes L R Both]
	1-1	Thyroid	<u> </u>	\perp			BACK BACK	

NL	ABNL	NE		1		NL	ABNL	ΝĖ	(LEG CONTINUED)	
			RECTAL	1			·		Upper Lower Both	
Ť			Tone Hemorrhoids Guaiac	7					D T ROM SP SW	4
7			MUSCULOSKELETAL*			1		1	L R Bilateral	
- 1	1	•	AXIAL	-				L	AN POS MED LAT	
			Cervical Thoracic Lumbar	-}-			1		KNEE	_
.	- 1		D T ROM SP SW	1	•	- 1	ı	ŀ	D T ROM SP SW	
- 1	- 1	•	I R Bilateral	1		1 1	4	ŀ	L R Bilateral AN POS MED LAT	
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7		, , , , , , , , , , , , , , , , , , , 	SHOULDER	1		1 1	1	-	ANKLE D T ROM SP SW	4
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1	ſ		I. R Bilateral .	1		11		-	AN POS MED LAT	-
	1		AN POS MED LAT	1 .			ı	-	FOOT	-
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1	- 1		D T ROM SP SW	1.	•	1 1	- 1	-	AN POS MED LAT	7
1			L R Bilateral	1		1 1	[TOE(S) # 1 2 3 4 5	
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	- 1	ı	L R Bilateral			1 1	. 1	T	VIII IX X XI XII]
	- 1	ſ	AN POS MED LAT					A	10TOR	
+			WRIST			1 -1	- 1		Weakness Paralysis Tremor	
1	- 1	- [D T ROM SP SW			1 1	- 1		Other -	· ·
ı	1	- E	L R Bilateral					\Box	Location '	1
1	1		AN POS MED LAT					S	ENSORY	
Γ			HAND FINGERS BOTH	1		•	- 1	Ŀ	Numbness Tingling	
	- 1	į.	D T. ROM SP SW .				1	-	Other Location	
			L R Bilateral			 		1-	EFLEXES	
1	1	L	AN POS MED LAT				1		Corneal Biceps Triceps	
L			INGER(S) # 1 2 3 4 5	; -		1 1	ł		Knee Ankle Babinski	
	- 1	μ	HIP			\vdash			KIN	
			D T ROM SP SW			1 1	- 1		Rashes Ulcerations Abrasions	
l	1	- }-	L 'R Bilateral AN POS MED LAT	•		1 1	- 1		acerations Scaring Pigmentation	
ŀ	- 1	L							Hair Nails	
	- 1	Ŀ	LEG						ENTAL HEALTH	
1	1	- 1	Upper Lower Both (Cont. col.2)			1 1	- 1	T	Behavior Oriented	

ASSESSMENT/PLAN

·		() Continued on Progress wore
In House Orders: Nebulizer Treatment ;Repeat Treatment ; EKG; ; IZ (ty	/pe(s)	;Patient Refuses IZ
Meds(Type) ; Other (Type)		
Outside Labs Ordered: Yes_No Type(s)	 	·
- RADIOLOGY/ULTRASOUND ORDERED: Yes No Type(s) (NOTE:List all new meds and medication refills on the yellow MEDICATION LOG SHEET)New Meds	ListedYes _	_No; Meds RefilledYesNo
FOLLOW UP/REFERRALS:		TC000009 <i>REVISED: 12/05/2005</i>

TRI-CIT	Y HEALTL	CENTER	\overrightarrow{AD}	UL	T PROGRESS NOTI	NELSO DOB+1 1-CRS
To be Completed by A	Andiaal Appire		····	T me	he Completed by Decision	一一日子四日
1 12	10 00	da 10		10	be Completed by Provider:	KELES.
HT[0. 02wt]	F 140.01	, 87 R 19			cation on Tobacco use given Yes	M
BP: R . /_	111225				ight_Normal_Over_Under . given on nutrition diet and exercise	H 6 % P
LMP P	TAB	SAB Living		1 min	Yes No	3 0 2
BS (all diabetics)	HgbAIC		.	Pap	Due Yes No	₹ 5 × ×
UPT Pos Neg	HCT/Hgb				nmogram Due Yes No N/A	
Smoker Yes No Smokers in house	Pks/day: Tobacco Use	Yes (No	٠.	1 .	Due Yes No N/A Taught Yes No	M EXP
Advance Health Care I		No			tate/Testicular Exam Due Yes No	ă D
Approx. Date Last: T€	anus Rneumo	coccal			orderedYesNoN/A	7.5
Date of LastPap	Mammo: Stay	ng Healthy Asses			icular self exam taught Yes No	9 " 0 3
Allergies	S. Ower				unizations up to date Yes No ical History Reviewed Yes No	2005
			····	Ivicu	ical History Reviewed 1 es 140	& &
History of Present	Illness:	.0		_)563 999 1/87
Flu	to Deplea	thi, wego	MA	MG	refill m	200 200 200 200 200 200 200 200 200 200
	1000	.001 - 6		14		
	nath w	4000 70 i	heu	APIL	ry Wht	• • •
	in the same of the		<i>J</i> 17 V	1 (() History continued on other side ()	See Patient History Form
PHYSICAL EXAM	(NL=Normal;ABNL=Abn	ormal; NE=Not exami	ned)(Ci	rcle L, I	Bilateral, Both etc. to identify area of abnor	
NL ABNU NE		mments)	NLA		the state of the s	
HEAD:	(60	·	INLA	21AT 1A	BREATHING	(Comments)
Tende		Lolly			Shallow Labored Retractions	1 11/
	mities	WIND THAT			LUNG SOUNDS] //0//
	nce of trauma	-Vuv			Crackles Wheezes Rhonchi	101
SINUSI		, 1,			L R Lobe: Upper Lower Middle	Sold or grand of the sold of t
	ry L R Both	i. And		-	EXPANSION	
Frontal	L R Both	IMM · WAMI			CHEST WALL	1. Ja D. D
EYES	`	4 what			Tenderness Scars Deformities	ti) N (5 MO
Pupils	L R Both	. I will the			HEART	1 20 W 2 100
Fundi	L R Both	4 mm			Rate Rhythm	QQ / \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
Lids		L 19 1			Murmurs Gallop PMI VASCULAR	40 81 24
Extra Oc	ılar Muscles	^ t			Jugular Vein Distension	D, X
L L	R Bilateral	Ala all			Aterial pulses:	10 D W
EARS		THUM F			Carotid Radial Pop PT DP	D 10
Canals:	L R Both				Venous	0 AN 100
TM"s:	L R Both	' a -		-	Varicosity's Venous Stasis Ulcers	W. o)
Mucosa	·	Panic Panic April 1916			ABDOMEN	Now hall
Polyps		reanic F			Dullness Tension Fluid Wave	1 miles
Dischar	(e	/ WILL		1	Tenderness	4
Septum		' ~X [士	Epigastric Suprapubic	(l 1)/
ORAL CA	VITY -	20 J	H		. RUQ LUQ RLQ LLQ	Q7/
Mucosa Gums		1 Julian	'	-	Guarding Rebound LIVER	-X // -
Teeth		- INDIVIL	1	-		$\mathcal{O} \setminus \mathcal{I}$
Tongue		17/1/1/	-		Enlarged Tender SPLEEN	\)
OROPHAR	TYNX U		+	+-	Enlarged Tender	•
Jonsils					UROGEŇITAL	
Uvula	1	11NE			Lesions	
NECK	h	///// [Masses	
	Lymph nodes R Bilateral	"" \\\\ \ -	4-		Discharge	
Thumaid	T DUSCEIST	TINV/ !-		+	Inguinal Nodes L R Both	

R Both

	ABNL							ABNL	A STATE OF THE STA
4			RECTAL			L			Upper Lower Both
┸			Tone Hemorrhoids Gualac				7		D T ROM SP SW
Т	1		MUSCULOSKELETAL*			- 1	- 1		L R Bilateral
1	- 1		AXIAL			ł	- 1		AN POS MED LAT
\top	1		Cervical Thoracic Lumbar -			<u> </u>	_1		KNEE
١.			D T ROM SP SW:		•	.1	- 1		D T ROM SP SW
1	- 1	- 1	l R Bilateral			ı	1		L R Bilateral
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	- 1.	Ī	D T ROM SP SW			- 1	1	- 1	D T ROM SP SW
1		- 1	L R Bilateral .	•		- 1	1	. 1	L R Bilateral
		r	AN POS MED LAT	•		- 1	1	- 1	AN POS MED LAT
Г	ī		ARM	•			+		FOOT
1	1	ľ	Upper Lower Both			- 1	1	- 1	D T ROM SP SW
l	- 1	ı	D T ROM SP SW			-	1	- 1	L R Bilateral
	. 1	ı	L R Bilateral			- 1		. 1	AN POS MED LAT
	- 1	Γ	AN POS MED LAT			<u> </u>	+		TOE(S) # 1 2 3 4 5
_		- 1	ELBOW			- 1	1	- 1	. NEUROLOGY
	- 1	F	D T ROM SP SW			- 1	1	1	CRANIAL NERVES
	- 1	- 1	L R Bilateral			- 1	1	- 1	II III IV V VI VII
	- 1		AN POS MED LAT			-	╀		VIII IX X XI XII MOTOR
		— h	VRIST			. .	l	- 1	Weakness Paralysis Tremor
	- 1	۴	D T ROM SP SW			1	ı	- 1	Other
	- 1	- 1	L R Bilateral			- 1		- 1	Location
	- 1		AN POS MED LAT				H		SENSORY
			IAND FINGERS BOTH		.*			- 1	Numbness Tingling
	- 1		D T ROM SP SW		•			- 1	. Other
	- 1		L R Bilateral			1 1		- 1	Location
	1		AN POS MED LAT				•		REFLEXES
		FII	NGER(S) # 1 2 3 4 5			-1-1			Comeal Biceps Triceps
			IP .					1	Knee Ankle Babinski
	1		D T ROM SP SW						SKIN
	- 1	-	L 'R 'Bilateral			1 1		- 1	Rashes Ulcerations Abrasions
	1		AN POS MED LAT	•		1 1			Lacerations Scaring Pigmentation
	1.	I	EG						Hair Nails
	.1	17	Jpper Lower Both (Cont. col.2)			1 1			MENTAL HEALTH
	1	1						- 1	Behavior Oriented .

Depressing of CIPIDS Depressing of CIPIDS BD BD Defill Zolaff ZDD DD V CANS Vingina 50mg # b, V Mun MA
Muy to & Jav Duly uf

In House Orders:	Nebulizer Treatment	;Repeat Treatment	; EKG;	; IZ (type(s)	;Patient Refuses IZ	
Meds(Type)			Other (Type)			
Outside Labs Orde	red:YesNo	Type(s)				
	ASOUND ORDERED: meds and medication ref		Type(s <u>)</u> CATION LOG SHEI	ET)New Meds ListedYe	sNo; Meds Refiled000¥4s	_No
FOLLOW UP/REI	PERRALS:		•			

T	RI-CITY HEALT	H CENTER.	\overline{AD}	$\overline{UL1}$	PROGRESS NOTE	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
				 		
To be C	Completed by Medical Assistant:			To b	e Completed by Provider:	7.33
HT b	0" WT 188 T 98	1.5 p 73 R 15	•	Educ	ation on Tobacco use given Yes	No
nı <u>9</u> .	· · · · · · · · · · · · · · · · · · ·			Weig	ht_Normal_Over_Under	to be Mile
BP: R_	1 12517	<u>/</u>		Info.	given on nutrition diet and exercise Yes No	
LMP	G P TAI	BSABLiving_	.	Papi	Oue Yes No	
HDL STILL	Pos Neg HCT/Hgb		•.	Mam	mogram Due Yes No N/A	
Smoker	Yes No Pks/day; Tobacci	O Use_Yes_/No/			Due Yes No N/A	9
Smokers	s in house Yes No	Von No		BSE	Taught Yes No ate/Testicular Exam Due Yes No	
Advance	Health Care Directive Given Date Last: Tetanus Pn	_YesNo eumococcal		PSA	ordered Yes No N/A	25
Date of	LastPap (77 Mammo: 67	Staying Healthy Asses			cular self exam taught Yes No	G:
Allergie	s <u>NKhA</u>				nizations up to date Yes No	
MA Sig	mature 5 Sekha	real BMB2	16	Medi	cal History Reviewed Yes No	
History	of Present Illness:		•		. 4.	
ا ا	70. 4.11.4	5/1		• .	1 1	
F	U DIDAMUN'	- M Jalie	7,	kl	questuy sefil)— lutu Appenul () History continued an other side ()	***
- 4	y y	11 2010 1	1	VIE	1 2	
	DOX - ALIC 1	Millian . All Mailie	1 7	ATIN	WITHER ADDRIVER	. • •
	to we I	marine 100	<i>y</i> 3	י קקן נ	() History continued on other side ()	Cas Patient History Form
	ŕ	V .		ı	() History continued on other side ()	See Faucht History Form
orrygy.	CAT DVAM (NEW)	W-4bnormal NR=Not eram	nedit C	ircle L. R	Bilateral, Both etc. to identify area of abnor	mality)
THE KOLL	CAL EXAM (NL=Normal; A.D.)				the state of the s	(Comments)
LABN		(Comments)	NHA	BNL N	BREATHING	(Comments)
	HEAD:	A constall	┝╌┼╴	 	Shallow Labored Retractions	DID
	Deformities	T. HAXITY		T i	LUNG SOUNDS	1 9 11
	Evidence of trauma	a. Depicarimi			Crackles Wheezes Rhonchi	Al work
	Old New]a. perploseur		_	L R Lobe:	+ 40 (45)
			1:-		Upper Lower Middle EXPANSION	1 1 1
	Maxillary L R Both Frontal L R Both	4			CHEST WALL	polyspin poats
	Frontal L R Both	- ^4			Tenderness Scars Deformities .	1 90 CU -
	Pupils L R Both	M			HEART	
	Fundi L R Both	Torrigam			Rate Rhythm	-
	Comea L.R Both	1 Maria.	-		Murmurs Gallop PMI	
	Lids L K Both	La	-		VASCULAR Jugular Vein Distension	1
	Extra Ocular Muscles L R Bilateral	9CIPINS	\vdash		Aterial pulses:	
	EARS	CHICILA			Carotid Radial Pop PT DP	.]
1	Canals: L R Both] 4//1/10			Venous Varicosity's	
	TM"s: L R Both				Venous Stasis Ulcers	-
4	Mucosa .	-			ABDOMEN	1
			•		Dullness Tension Fluid Wave	†
<u> </u>	Polyps Discharge	1		\neg	Tenderness	
+	Septum			士	Epigastric Suprapubic	
	ORAL CAVITY -	[RUQ LUQ RLQ LLQ Guarding Rebound	
	Mucosa	ļ			LIVER	1 -
-	Gurns Teeth			- 	Enlarged Tender	1
	Tongue				SPLEEN	1
+	OROPHARYNX		士		Enlarged Lender]
1	J onsils	. [UROGENITAL	
1	Uvula				Lesions Masses	
1	NECK] .			Discharge	
	Cervical Lymph nodes L R Bilateral	1		一一	Inguinal Nodes L R Both	
+	Thyroid			- 	BACK	
1	Trityroid	i :			CVA Tenderness I R Both	1

4	ABNL	NE	RECTAL			NL AB	NL NE (LEG CONTINUED)
+			Tone Hemorrhoids Guaiac		F		Upper Lower Both D T ROM SP SW
+			MUSCOLOSKELETAL*		- 1	- 1	L R Bilateral
1	1				. 1	- 1	AN POS MED LAT
+			AXIAL			- 1	KNEE
	- 1		Cervical Thoracic Lumbar	• ,	ľ	<u> </u>	D T ROM SP SW
1	1		D T ROM SP SW	.*	-1	1	L R Bilateral
1	- 1	- 1	I Ř Bilateral	•	1	- [AN POS MED LAT
4-			AN POS MED LAT		Γ		ANKLE
	- 1		SHOULDER		- 1	1	D T ROM SP SW
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ŀ	1	1	ARM				D T ROM SP SW
l	1	L	Upper Lower Both			1	L R Bilateral
	- 1	ŀ	D T ROM SP SW		1	1	AN POS MED LAT
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			AN POS MED LAT	• •		1	NEUROLOGY
		L	ELBOW		- 1	1	CRANIAL NERVES
	- 1	L	D T ROM SP SW		- 1	1	II. III IV V VI VII
	- 1	· L	L R Bilateral	•	1	1	VIII IX X XI XII
			AN POS MED LAT				MOTOR
		T _P	PRIST		- 1	1	Weakness Paralysis Tremor
	- 1		D T ROM SP SW		- 1	1	Other :
	- 1	L	L R Bilateral	•	4	1	Location
			AN POS MED LAT			1	SENSORY
		T.	HAND FINGERS BOTH	•		-	Numbress Tingling
	- 1	Ŀ	D T ROM SP SW		1	1	Other
		-	L R Bilateral			1	Location
			AN POS MED LAT				REFLEXES
			NGER(S) # 1 2 3 4 5	•	- 1	ŀ	Corneal Biceps Triceps
		H	IIP .		<u> </u>		Knee Ankle Babinski
	- 1		D T ROM SP SW		- 1		SKIN
		-	L R Bilateral	_	1		Rashes Ulcerations Abrasions
	- 1		AN POS MED LAT	•			Lacerations Scaring Pigmentation
	- 1	1	.BG			 _	Hair Nails
	- 1	-	Upper Lower Both (Cont. col.2)		- 1		MENTAL HEALTH \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Departure
perpends

Cipils- LEFTI

afill Lovartatus 20mg of)

afill Zeloft.

atient Refuses IZ		

() Continued on Progress Note

In House Orders:	Nebulizer Treatment	Repeat Treatment	; ekg;	; IZ (type(s)	;Patient Refuses tZ	
Meds(Type)		; Other	(Type)			
Outside Labs Orde	red: Yes No Ty	pe(s)		and the state of t		
	ASOUND ORDERED: meds and medication refills		e(s) ION LOG SHEET)New Meds Listed Ye	sNo; Meds Refilled ₀₀₀ YesNo	
FOLLOW TIDES	PPDDATC.	, , , , , , , , , , , , , , , , , , , 				

TRI-CITY HEA	.d CENTS	\overline{R}	\overline{AL}	U	LTP: LAESS NOT	\underline{E} .	190-0 1-078 1-078 1-078 1-078
To be Completed by Medical Assistant				Т	To be Completed by Provider:	 	
		2	•				不可以西
HT 6 0 / WT 192T 1	8-8 p 76 Rl	<u>ب</u>			Education on Tobacco use given Yes	No	1 X 2 L 2
BP:R 40 1/16/6		Weight Normal Over Under no. given on nutrition diet and exercise		실하였고			
LMP G P T	1	Yes No	•	G G			
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REVISED: 12/05/2005

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I-CRS/CMSP(*) EXP : 11/30/06 102-DICKEY, J MD /DICKEY 11/22/06 () Continued on Frogress N use Orders: Nebulizer Treatment : Repeat Treatment : EKG; : IZ (type(s) # ; Patient Refuses IZ ype); Other (Type) Labs Ordered:YesNo Type(s) LOGYULTRASOUND ORDERED:YesNo Type(s)	SCL: 000% 102-DICKEY, J MD /DICKEY 11/30/06 e Orders: Nebulizer Treatment ; Repeat Treatment ; EKG; ; IZ (type(s) # ; Palient Refuses IZ c) ; Other (Type)	DUB: 12/13/1959 M M	"IK 095636 .	IN ON 1-VI ALVINIT
LOB Orders: Nebulizer Treatment ;Repeat Treatment ;EKG; ;IZ (type(s) # ;Patient Refuses IZ ype);Other (Type) Lobs Ordered:YesNo Type(s) LOGYULTRASOUND ORDERED:YesNo Type(s)	EXP : 11/30/06 1.02-DICKEY, J MD /DICKEY 11/22/06 () Continued on Progress I e Orders: Nebulizer Treatment ; Repeat Treatment ; EKG; ; IZ (type(6) # ; Palient Refuses IZ ne) ; Other (Type)	I-CRS/CMSD/av	SCL: 000x	Colland Ayer (1.
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ype) ; Other (Type) 2 Lcbs Ordered: Yes No Type(s)	oe)		***	() Continued on Progress N
ype) ; Other (Type) **Lebs Ordered: Yes No Type(s) **COGYULTRASOUND ORDERED: Yes No Type(s)	oe)	rea Ordere Nahulizer Treatment Denest Trea	tment • EVC•	17 (type(s) # / Dulima Dalima 17
Lebs Ordered: Yes No Type(s)		38 Orners. Nebulied Heatment , deposit Hea	idient , EKO;	, 12 (type(s) 71 0 ; rationt Kenses 12
LOGYULTRASOUND ORDERED: Yes No Type(s)	Lebs Ordered: Yes No Type(s)	ype)	; Other (Type)	
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				TiNesy Meds Listed Yes No: Meds Refilled Yes No.

Messes

BACK

Discharge

Inguinal Nodes

CVA Tenderness L

NECK

Thyroid

Cervical Lymph nodes

R

Bilateral

Bilateral

R Both

R Both

FOLLOW UP/REFERRALS:

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E ''')	Orders										
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LIVER

Enlarged

SPLEEN

BACK

Enlarged UROGENITAL

Lesions

Masses

Discharge

Inguinal Nodes

CVA Tenderness

Tender

Tender

Both

R Both

Gums Teeth

Tongue *OROPHARYŃX*

Jonsils

Uvula

Cervical Lymph nodes

Bilateral

Bilateral

NECK

Thyroid

L R

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In House Orders: Nebulizer Treatme	Nebulizer Treatment ;Repeat Treatment ; EKG; ; IZ (type(s)		; IZ (type(s)	;Patient Refuse	s IZ
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Outside Labs Ordered:YesN	o Type(s)			·	•
RADIOLOGY/ULTRASOUND ORDER (NOTE:List all new meds and medication		pe(s) TION LOG SHEET	TNew Meds ListedYo	esNo; Meds Refilled_	_YesNo
FOLLOW UP/REFERRALS:				TC00	0019

TRI-CITY HEAL	TH CENTER	ADU	LT PROGRESS NOT	T I A Y to Z
To be Completed by Medical Assistant:	, , , , , , , , , , , , , , , , , , , 		To be Completed by Provider:	분석원의
11/11/10- 00	۸. ،	<u>ا</u> ــد	3.4	m 8 3 8
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BP: R / L/07/5	5		Info. given on nutrition diet and exercise	를 ⁹
LMP G P T.	AB SAB Living		YesNo	5 3
BS (all diabetics)			Pap Due Yes No Mammogram Due Yes No N/A	j j z
Smoker Yes (No) Pks/day; Tobac	co Use_Yes_/No		CPE Due Yes No N/A	· H = 3
Smokers in house Yes (16)			BSE Taught Yes No	CKEY
Advance Health Care Directive Given Approx. Date Last: Tetanus N/A P	YesNo neumococcal		Prostate/Testicular Exam Due Yes No PSA ordered Yes No N/A	声中
Date of Last:Pap & Mammo:			resticular self exam taught Yes No	8283
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MA Signature	mA / Rm	1:26.5	tedical History Reviewed Yes No	<u></u>
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PHYSICAL EXAM (NL=Normal;AB)	NL=Abnormal; NE=Not exam	nined)(Circle	L, R Bilateral, Both etc. to identify area of abno	rmality)
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OROPHARYNX	DIC		Enlarged lender	1 421/
Jonsils			UROGENITAL	1 1/11/
Uvula	DIMUK!	1, 1	Lesions	
NECK Cervical Lymph nodes	17.19	1/1/1	/ Masses Discharge	1
R Bilateral	TO THE T	1 14 1	Inguinal Nodes L R Both	1
Thyroid	9 V5/10		BACK	
L R Bilateral] در ۱۸ ، ,		CVA Tenderness L R Both	<i>†</i>

* 11	YOTE:D	=Defor	mity: T=Tenderness: ROM=Runge Of M	otton; SP=SPasmSW=SWelling; AN=ANterior;POS= POSterior;MEB=Medial; LAT=Luteral
	ABNI			NL ABNL NE (LEG-CONTINUED) Upper Lower Both
		1	RECTAL Tone Hemorrhoids Guaiac	I D T ROM SP SW
	ļ	 	MUSCULOSKELETAL*	L R Bilateral AN POS MED LAT
		.	4XIAL	KNEE
<u></u>		十一	Cervical Thoracic Lumbar	D T ROM SP SW
			D T ROM SP SW1	L R Bilateral AN POS MED. LAT
			AN POS MED LAT	ANKLE
		İ	SHOULDER	D T ROM SP SW
		-	D T ROM SP SW I. R Bilateral .	L R Bilateral AN POS MED LAT
-		1	I. R. Bilateral AN POS MED LAT	FOOT
			ARM	D T ROM SP SW L R Bilateral
1			Upper Lower Both D T ROM SP SW	L R Bilateral AN POS MED LAT
			D T ROM SP SW L R Bilateral	TOE(S) # 1 2 3 4 5
			AN POS MED LAT	NEUROLOGY STANDARD ST
			ELBOW OR CW	CRANIAL NERVES II III IV V VI VII
- 1			D T ROM SP SW L R Bilateral	VIII IX X XI XII
- 1			AN POS MED LAT	MOTOR Weakness Paralysis Tremor
	*		D T ROM SP SW	Other Vegraless Falaysis Figure 1
			R Bilateral	Location
- 1			AN POS MED LAT	SENSORY Numbness Tingling
			HAND FINGERS BOTH D T ROM SP SW .	Other
- 1			L R Bilateral	Location REFLEXES
			AN POS MED LAT	Corneal Biceps Triceps
			FINGER(S) # 1 2 3 4 5 HIP	Knee Ankle Babinski
- 1			D T ROM SP SW	SKIN Rashes Ulcerations Abrasions
- 1		·	I. R Bilateral	Lacerations Scaring Pigmentation
			AN POS MED LAT	Hair Nails MENTAL HEALTH
			Upper Lower Both (Cont. col.2)	Behavior Oriented
		na roc	PLAN	
ASS.		, ,	g Loui	Deposium - / ED
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				NI WELLOUING.
	-		(P)	Die sill to All HIV
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				Parliant Refuser 17
n H	ouse C	Orders	: Nebulizer Treatment ;Rep	at freathent , cro,
/ieds	(Type)		· · · · · · · · · · · · · · · · · · ·	; Other (Type)
Juts	ide La	bs Or	dered: Yes_No Type(s)	
9 . 5	ים מי	י זו זעיב	TRASOUND ORDERED: Yes_	No Type(s) No Type(s)
WD.	TE:List	iall ne	w meds and medication refills on the	No Type(s] No Type(s] No Meds Listed Yes No; Meds Refilled Yes No

	DOB:	ON, MARVIN 12/13/1959 M M 5/CMSP(*) E	MR SCL XP:11/	095636 : 100%	ATION L	not note immunizations)					
	102-1	DICKEY, J MD /DICK	24/06		ALLERGIC TO: No known Allergies Date 6/28/67						
			. د <u>مدين و د د و د ما مد م</u>				Date		Reaction_		
			ATE .			. 	Date				
	box, qu	n the box: Date in top nantity on the left and er initials on the right.	ANIITY	als			Dat	ė	Reaction_		
<u></u>	Medi	cation Name, Dosage and Instructions			EDICATI	ON DISP	ENSING I	OG	7	Comments	
	MED/ DOSE	7010 Ft	3115107 14125 47	\$ 7997 100 40	#50					Scholarshil.	
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	MED/ DOSÉ	Travolone 50 mg	6/28/67 50+1 CM'S								
•	SIG	ì							-		
ar 1,4	MED/ DOSE	Lorastatri 20 mg	16/07 D/1						· -		
	SIG		1								
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	DOSE	Viagra- 50 mg 1/2 tob-T tob	ber.	you							
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	MED/ DOSE	ه محمد مستخوم بنیان دانند با ^{نگ} ه بیان برید و بینند به بازی <u>به بین به بینند به بینند</u>									
	 SIG									TC000022	

ALAMEDA COUNTY MEDICAL CENTER

Fairmont Hospital

15 00 Poothill Blvd - San Leandro, California 94578

RADIOLOGY INTERPRETATION

Patient: NELSON, MARVIN DOB: 12/13/59 Date: 07/26/07 Order # 90002 Ordered by:DICKEY, JAN MD

History:

Sex: Male MR# 01 68 31 24 0 LOC: 97

LEFT XRAY KNEE 2 VIEWS FULL REPORT: Left knee

07/26/07 02:43PM

HISTORY: Pain.

FINDINGS: Frontal and lateral views demonstrate no evidence of fractures, compartment narrowing or joint effusion.

IMPRESSION: Negative.

Interpreted by: W. Greg Wierzbowski, M.D. Electronically Signed by: W. Greg Wierzbowski, M.D.

\$ 96607 Cm

THANK YOU FOR LETTING US SERVE YOU

08/09/07 Date Transcribed; Interpreted by: W. Greg Wierzbowski, M.D. Page# 1 of 1 1 SC 08/11/07 11:54AM Printed:6-SEP-07 09:31:58

1/1.9

SE35067e:0T

SEE 525 012

\$2000001 PE:60 T869-36-06953

#XIMI#0/0906085930

☐ Abnormal Lab

CDF/U with P. C. Provider

TC000025

☐ Pull Chart

of Report

TT File Lab

☐ No action needed

(N MALVIN - 23059339



Helson, Marvin

PUB 12/13/59

MEDICATION

Librium 10 mg #20 (0RF)

Take i tals po bird pm

H.m. D. as am

Doctor's Signature:

C-Rama-Scott, France NFF#15478 DEA# URISH6259

Date: 9/6/07



MR 095636 **MELSON, MARVIN** DOB:12/13/1959 M I-CRS/CMSP(*) 316-RAMOS-SCOTT, C NP /D 06/28/07

Nelson, Marvin DOB 12/13/59

MEDICATION

Travodone 50'may #30 ((RF))
Take 7 tab po glas.

(2) Xanax 0.25 mg #15 (fifteen) take + tab po gl prn

amie Ramos-Scott, FNP NPF#15478

parted co



Authorization to Dispense Medication

Place Patient Label Here

[to be completed by provider at Mowry]	•
Patient, 4 is receiving med	ication through the
scholarship program. Please dispense the following me	•
1) 2010FT 200 mg. 7 Tel 00	# 90 (100 mg)
	· ·.
2)	
	•.
3)	•
Provider signature	
. ******************************	•
to be completed by provider at Liberty]	
DISPENSING INFORMATION	
Dispensing Provider signature	Date
omments:	***

Place Medication Authorization Form in Patient's Medical Record.



TO SHOOT AS A STORY OF THE VERY BARY

MEDICATION